



ESCP Graduate Biennial Activity Report

PART I: Biennial Activity Report (to be completed by Graduate)

Graduate Name: _____

Position Title: _____

Series and Grade: _____

Supervisor Name: _____

TIME PERIOD: From ____/____/____ To ____/____/____

COURSES COMPLETED

- Include the course number and completion date
- List all MDP coursework completed including required, recommended, or other

<i>Course # (e.g. EVMS100)</i>	<i>Completion Date</i>

WORK EXPERIENCE

- Include a thorough description and start/stop dates of the activity
- List “ongoing” as the date if the activity has not finished
- List all EVM-related activities as well as any other meetings, conferences, etc that are EVM-related

<i>Description</i>	<i>Start Date</i>	<i>Stop Date</i>

OVERALL SELF ASSESSMENT

- Use this page to write at least one paragraph describing your EVM-related activities during the past 24 months
- Discuss how your coursework and work experiences were beneficial during the past 24 months
- Discuss your strengths and areas for improvement
- Discuss difficulties encountered (e.g. application denied for a training course)

Self Assessment:

Signature

Date

Graduate Name: _____ / ____ / ____

PART II: Biennial Progress Report (to be completed by Supervisor)

SUPERVISORY ASSESSMENT

- Assess activity based upon each of the items listed below. Include any relevant inputs from external sources as well (e.g. other supervisors, peer feedback, etc)
- Cite specific examples of accomplishment and avoid using general terminology
- Discuss any areas for improvement and any problems encountered that were beyond the Graduate's control

1) Progress in acquiring knowledge of the Earned Value Management process.

Below

Meets

Exceeds

COMMENTS: (provide a one or two paragraph justification for the rating provided)

2) Progress in applying knowledge of the Earned Value Management process to daily job functions.

Below

Meets

Exceeds

COMMENTS: (provide a one or two paragraph justification for the rating provided)

3) Progress towards maintaining certification in the ESCP.

Below

Meets

Exceeds

COMMENTS: (provide a one or two paragraph justification for the rating provided)

4) Progress in developing leadership skills and gaining leadership experience.

Below

Meets

Exceeds

COMMENTS: (provide a one or two paragraph justification for the rating provided)

5) Assess ability to manage, task, make decisions, prioritize workload, and identify and solve problems.

Below

Meets

Exceeds

COMMENTS: (provide a one or two paragraph justification for the rating provided)

6) Progress in acquiring knowledge of interpersonal and communication skills. Assess written and oral skills, consider use of proper grammar, ability to represent and convey thoughts clearly, and performance in meetings, presentations, and effectiveness in working with others.

Below

Meets

Exceeds

COMMENTS: (provide a one or two paragraph justification for the rating provided)

GENERAL OBSERVATIONS AND COMMENTS:

Describe the Graduate's performance and their potential for advancement based upon that performance.

COMMENTS: (provide a one or two paragraph statement)

SUPERVISORS OVERALL RATING

- Consider the Graduate's overall effort to maintain certification during the past 24 months
- Consider how the Graduate has supported the ESCP – have they demonstrated a willingness to continue gaining coursework and work experiences related to EVM?
- Consider how the Graduate has utilized past coursework and work experiences of this ESCP to benefit daily job functions – are they applying what they have learned?
- Consider the ratings provided above

Outstanding

Exceeds Fully Successful

Fully Successful

Minimally Successful

Unacceptable

COMMENTS: (provide a one or two paragraph statement which supports the selected rating)

Signature

Date

Graduate Name: _____ / _____ / _____

Supervisor Name: _____ / _____ / _____

TO BE COMPLETED BY ESCP BOARD ONLY**ESCP BOARD DECISION** (Signature, Printed Name, Phone Number, Date)

____ Renew Certification for an additional 24 months ____ Suspend Certification (use form ESCPI-110)

How to complete this section:

(ESCP Board only) The ESCP Board shall review the information and any attachments provided by the ESCP Graduate and determine whether or not the ESCP Graduate's certification will be renewed for an additional 24 months. If the ESCP Board deems the ESCP Graduate's performance during the last 24 months (as it pertains to the principles of the ESCP) to be insufficient, the ESCP Graduate's certification shall be suspended. The ESCP Board shall then notify the ESCP Graduate using form ESCPI-110.